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## Has Vietnam's Economic Progress bypassed its Ethnic Minorities?

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A recent World Bank report warns that developing countries have a fixed timeframe to improve the lives of young people or risk a generation missing out on opportunities for the future. "It may be one of the profound decisions a developing country will ever make to banish poverty and galvanise its economy," according to Emmanuel Jimenez, lead author of the report and director of human development in the Bank's East Asia and the Pacific Department.

In Vietnam, young people account for about one-third of the country's 85 million population. The high proportion of youths presents both problems and opportunities to warrant the attention of the Population Council, a leading international non-profit organisation which carries out research into biomedical, social science and public health fields.

Sociology professor at the Singapore Management University, Bussarawan Teerawichitchainan, has worked previously with the council's Vietnam office. The council is behind initiatives, which includes the research and development of models to assess the effectiveness of government programmes on healthcare, education and job training, with special attention to the poor and ethnic minority youths and their families.

### Healthcare in Ethnic Groups

Since the 1950s, Vietnam's government has made healthcare a top priority and established a vast network of primary healthcare facilities. To this end, Vietnam's primary healthcare programme has successfully lowered infant and childhood mortality rates. Life expectancy has also improved, surpassing progress made by other developing countries with comparable levels of income per capita.

The overall improvement in the health of individual Vietnamese notwithstanding, one other objective of the government programme is to promote healthcare equity throughout the country. To gauge the success of the healthcare equity aspects of the programme and its impact on the ethnic minorities, Teerawichitchainan and James Phillips, then with the council, conducted a study analysing responses from ethnic minority parents in a 2001-2002 Vietnam Health Survey.

Because of their social and economic similarities, ethnic Chinese, who make up a mere 1% of the population, are grouped with the Kinh majority for the purpose of the survey. In contrast, the cultural, social and economic characteristics significantly differentiate other 52 ethnic groups from the majority Vietnamese.

The researchers analysed parental recall of illness among their children under five years, which were correlated with instances of care-seeking once they reported their children were sick. Analysing data on the incidence of childhood illness and the consequent type of care sought for them, as well as whether care-seeking action involved the parent consulting healthcare professionals or resorting to self-prescriptions, gave the researchers insights to form conclusions.

From the analysis of parental responses, the researchers found that regardless of severity of illness, minority parents are less likely to report episodes of illness in children as compared with Kinh-Chinese parents. Another finding which emerged from this study was the lower incidence of reports of illness by minority parents. This may indicate their inability to recognise and report illness, and not because of lower rates of illness among ethnic minority children. The findings also suggest that literate mothers and those with some education were more likely to report incidences of ill health in their children. But all-in-all, the analysis revealed that self-prescribed care was the most common response to childhood illness for both Kinh-Chinese and minority parents.

While the government's healthcare policy focused on economic elements, the researchers noted that social factors pertaining to the ethnic minority can play an important role in parental decisions to seek care for a sick child. The study suggested that maternal education among ethnic minorities may positively influence the care-seeking behaviour for childhood illnesses. It noted that recent official emphasis to extend maternal education among minorities may contribute to bridge the health equity gap between Kinh-Chinese and ethnic minorities.

One other finding of the research is that the policies of free healthcare service for the poor to seek medical services may have achieved the opposite: such health initiatives increased likelihood for better-off parents in remote disadvantaged communes to seek professional care for their sick children, but there is no corresponding evidence that free services benefited children from poor families.

### Transition to Adulthood

In 2006-2007, Teerawichitchainan, then with the Population Council, in collaboration with researchers from Thai Nguyen Medical College, conducted a comprehensive study which led to a report entitled, "Changing transitions to adulthood in Vietnam's remote northern uplands". The research studied how young people of the Kinh and economically marginalised ethnic minority groups such as the Dao and Hmong, in remote villages of Thai Nguyen province, about 5 hours from Hanoi, come of age under the context of Vietnam's rapid social change. These ethnic minority groups are interesting because of their different values and behaviours and the relative degrees of their assimilation into the mainstream society, that is, with the Kinh.

Minority youths between 10 and 24 years old were the targets of the study which, among others, delved into issues and problems faced by them, so as to provide the basis for recommendations to help develop their full potential through better healthcare, education and job training.

Researchers carried out in-depth interviews with randomly selected minority families to examine how new opportunities and risks were affecting the livelihoods of the young. The researchers asked questions on their decisions about schooling, work, sex and reproductive health, marriage and family formation. Many of the youths studied had already taken on, or would soon take on, the economically active and reproductive roles of young adults. Some would migrate out of their villages in remote areas to look for jobs and other opportunities, and were likely to leave behind the protective environments provided by their families and local communities.

They also reviewed the impact of the country's pro-poor policies which sought to improve the lives of different ethnic minority communities. The team built up profiles of economic and other activities of these groups, from educational preparation to mobility, transition to work, marriage, parenthood and reproductive health.

The uniqueness of this research was the direct comparison made between ethnic minorities and the Kinh, who live side-by-side in remote communes that were exposed to targeted poverty reduction programmes. Insights were gained from studying the extent to which both poverty and recent development efforts had favourably shaped the livelihoods of Kinh youth and their families, as opposed to other minority groups. The study also shed light on the mechanisms -- social, economic or cultural -- that helped some young people benefit from Vietnam's expanding opportunities while marginalising others or leaving them behind.

Information regarding income-generating activities and household transactions was also collected. The objective is to understand how households functioned as economic entities and how each member contributed to the household. The research team also gathered data on income, expenditures and loans. In addition, they recorded information on crop production, animal husbandry, production capital, current production, enterprises such as petty trading and labour income. Details about household members who lived away and worked outside the farm sector were also obtained. This data permitted a comprehensive assessment of income, consumption expenditure, debt, and credit status.

According to the report, "ethnic minorities have not yet experienced positive change, contrary to majority Vietnamese, that is, the Kinh people. Despite efforts by the government's efforts, the report shows that over half of the minority youth grew up in impoverished households. As these young people enter their working and reproductive years, they face an array of employment, health and reproductive health challenges."

"Many of them remain the poorest, least healthy and least educated of Vietnam's population. Ethnic minorities tend to live in remote mountainous areas, account for 15% of the country's population and, according to a recent estimate, 61% of them are poor," as stated in the report.

## **Exporting Labour**

The transition of ethnic youths into adulthood has contributed to an additional 1.6 million people joining the workforce, hence the call for creating more jobs in Vietnam. Despite a growth rate of 8%, the economy is not generating enough jobs, with a fifth of rural workers currently employed below their full capacity.

One solution the Vietnamese government has adopted is to export people of working age to countries in need of manpower. With state control relinquished in 1999, there are more than 150 companies offering labour export services. The country is targeting to have one million contract workers overseas by 2010 from the current figure of half a million.

Vietnam has set an annual goal of exporting 100,000 people of working age each year. In addition to Japan, Taiwan, South Korea and South East Asia, there is demand for Vietnamese manpower in the Middle East, Australia and Europe.

It has been estimated that in 2005, overseas Vietnamese workers remitted approximately US\$1.6 billion to Vietnam. The government's strategy to export excess labour is supported by academic studies. Their earnings go towards improving the livelihood of their families and are consequently translated into economic opportunities. The overall effect of overseas work on improving the livelihoods of the villagers, however, is not always positive.

Some workers were victims of labour exploitation, which raises concerns about ensuring a level playing field for all.


The Population Council report cited instances of families who mortgaged basic possessions to pay for the necessary fees to labour exporting companies, and subsequently found the returns would not cover the debts.


There were also instances of unethical hiring, where Vietnamese workers were faced with unfavourable changes to their terms of employment after arriving at the destination countries. Low-skilled workers are also ill-equipped to successfully start up businesses on their return. There are also issues of the re-integration of some workers, following their exposure to different cultures overseas.

Wide ranging initiatives are being considered by the Vietnamese government which are aimed at enhancing the positive impact of the labour export policy, while seeking to reduce the negative effects for affected workers and their families. Better pre-migration training, cultural and language capacity building are among some measures to smoothen the transition of affected workers in their new work environment, as are efforts to help them maximise financial benefits from their work.

Additional suggestions include monitoring of labour exporting companies, creation of one-stop information centres, provision of Vietnamese-language versions of contracts and legal aid for workers overseas, as well as inter-governmental memoranda of understanding.

While labour exports may temporarily relieve the high unemployment among ethnic minorities, a long term strategy to invest in programmes to raise their employability will be in the interest of the country. There is a need for continued fine-tuning of programmes in the pipeline from healthcare to education through to job-training aimed at improving living standards of the ethnic minorities who are disproportionately poor, which will also contribute to enhance the demographic dividend for the country.

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